

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	62-2246554	FILING DATE
APPLICANT(S)		

**CLAIMS**

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1			1		
52	1			1		
53	1			1		
54	1			1		
55	1			1		
56	1			1		
57	1			1		
58	1			1		
59	1			1		
60	1			1		
61	1			1		
62	1		1			
63	1			1		
64	1			1		
65	1			1		
66	3			1		
67	1			1		
68	1			1		
69	1			1		
70	1			1		
71	1			1		
72	1		1			
73	1			1		
74	1			1		
75	1			1		
76	1			1		
77	1			1		
78	1		1			
79	1			1		
80	1			1		
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	57		5			
TOTAL DEP.	57	↔	75	↔		
TOTAL CLAIMS	57	↔	70	↔		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831